



New Hampshire Department of Health and Human Services Medicaid Care Management Program

Update to the Governor's Commission on Medicaid Care Management

Step 2 MCM

February 12, 2015



New Hampshire's Medicaid Care Management Program

- Mandated by New Hampshire Senate Bill 147 and signed into law in June 2011
- The Department of Health and Human Services contracts with two Health Plans to provide services to program enrollees: (1) New Hampshire Healthy Families, and (2) Well Sense Health Plan
- **Step 1** of the program began on December 1, 2013
 - Most but not all Medicaid recipients were required to enroll with a health plan for their medical services, which include services such as doctors visits, pharmacy services, hospital care, therapies, etc.
- In **Step 2** of the program:
 - Medicaid recipients who were not required to enroll with a health plan for their medical services in 2013 will now be required to enroll with a health plan for their medical services, referred to as **mandatory enrollment**
 - Nursing Facility and Choices for Independence Waiver supports will be integrated into the Medicaid Care Management program

Guiding Principles: New Hampshire Medicaid Care Management Program



Whole Person Approach with emphasis on the individual and family and integration of medical, behavioral and long term services and supports and the social determinants of health.

Services and supports are driven by person centered planning processes and principles and care is coordinated across medical, behavioral health and long term supports and services domains.

Improved Quality with emphasis on improved experience of care and improved health of NH's population.

Home and Community Based Care as a primary source of managed long term services and supports.

Improved Cost Effectiveness through reducing and better managing the costs of health care to ensure sustainability of the Medicaid program to meet future needs of NH citizens.



Stakeholder Input Regarding Guiding Principles

DHHS greatly appreciates the input and suggestions of the many stakeholder groups that have submitted Guiding Principles, Guidelines and Recommendations for the integration of Long Term Services and Supports into the NH Care Management Program, including:

- ☐ Governor's Commission on Medicaid Care Management
- ☐ Granite State Home Health Association
- ☐ NH Health Care Association
- ☐ NH Association of Counties
- ☐ Nursing Home Affiliate
- ☐ Bureau of Developmental Services Quality Council
- ☐ Brain Injury Association of NH
- ☐ Interested Stakeholders: Disabilities Rights Center-NH, NH Legal Assistance, Heritage Case Management, NH Council on Developmental Disabilities, NH Academy of Family Physicians, EngAging, NH, LifeCoping, Harbor Homes, Inc., Granite State Independent Living, New Futures, NH Family Voices, Tri-County CAP



Stakeholder Input Regarding Guiding Principles

All of the recommendations have been reviewed and taken into consideration.

Many have been incorporated into the Step 2 Design Elements reviewed with stakeholders during Round 2 of the Step 2 Stakeholder Input process, including:

- ☐ The importance of retaining clinical and financial eligibility determination within DHHS
- ☐ Rate stability in Year 1 of Step 2
- ☐ Integration of Conflict Free Case Management Principles
- ☐ Safeguards regarding transfers and discharges from long term care settings
- ☐ Contract requirements regarding Quality Measures
- ☐ DHHS approval of potential reductions in services in Year 1 of Step 2
- ☐ External Quality Review
- ☐ Education and Technical Assistance for Providers



Guidelines, Principles and Recommendations Received by DHHS

DHHS has aligned its work in Step 2 planning and implementation in keeping with all applicable state/federal statutes and regulations as well as:

Medicaid Managed Care for People with Disabilities, National Council on Disability: <http://www.ncd.gov/publications/2013/20130315/>

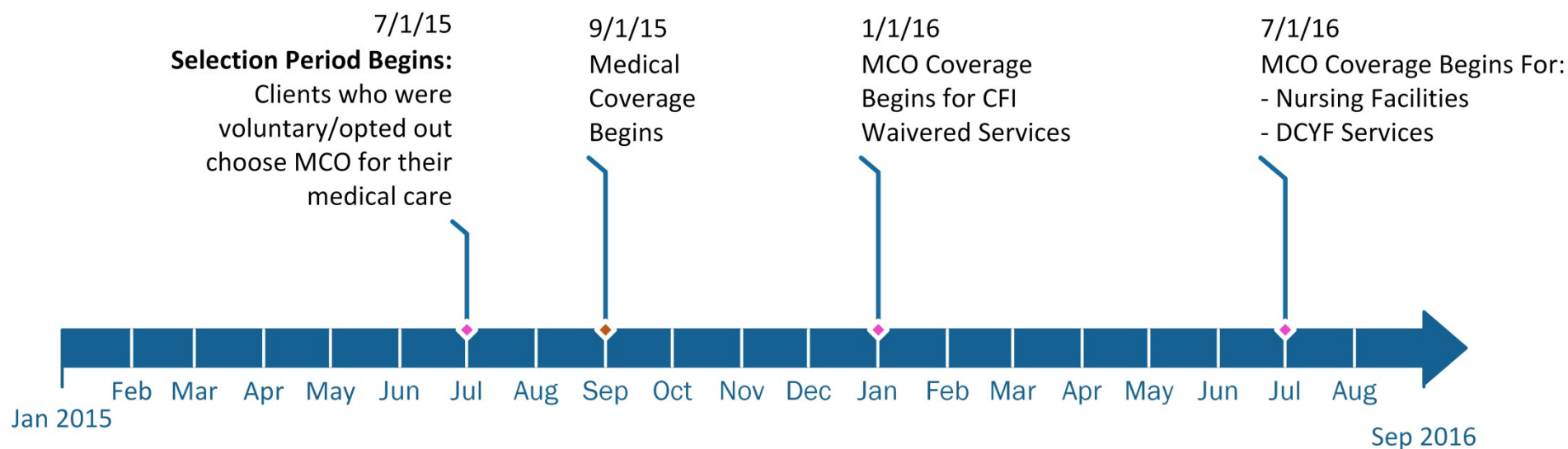
Governor's Commission on Medicaid Care Management: Guiding Principles: <http://www.governor.nh.gov/commissions-task-forces/medicaid-care/documents/mm-2014-mltss-principles.pdf>

National Senior Citizens Law Center: Advocate's Library of Managed Long Term Services and Supports Contract Provisions: <http://www.nsclc.org/index.php/ltss-contracts-index-appeals-notice/>

Summary - Essential Elements of Managed Long Term Services and Supports Programs, Centers for Medicare & Medicaid Services: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf>



Medicaid Care Management Step 2 Phase 1 Timeline



Date To Be Determined:
MCO Coverage for Waivered Services

- Development Disabilities
- Acquired Brain Disorder
- In Home Supports

Other Key Activities Underway

- ☐ Crosswalk to Commission Principles
- ☐ MCO Transition Plans
- ☐ Common Understanding of Roles, Responsibilities and Accountabilities
- ☐ MCO Contract Development
- ☐ Development of Quality Strategy
- ☐ 1915[c] Waiver Amendments to Centers for Medicare and Medicaid Services: allows for inclusion of Waiver services in Managed Care
- ☐ Development of 1915[b] Waiver for submission to Centers for Medicare and Medicaid Services: allows for Mandatory Enrollment in Managed Care
- ☐ Additional Stakeholder Forums and Public Hearings

Information about NH's Medicaid Care Management Program



<http://www.dhhs.nh.gov/ombp/caremgt/index.htm>

